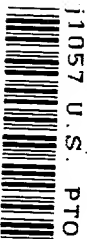


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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 50770  
First Inventor or Application Identifier WILLIAM MOULTON  
Title FILM LANGUAGE  
Express Mail Label No. ET773408143US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☒ Specification [Total Pages 42] 1  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 1
- Oath or Declaration [Total Pages 7] 1
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - ☐ Computer Readable Copy
  - ☐ Paper Copy (identical to computer copy)
  - ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney  
(when there is an assignee) ☒
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ \* Small Entity Statement(s) ☐ Statement filed in prior application  
(PTO/SB/09-12) ☐ Status still proper and desired
- ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- ☐ Other: .....

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	SANFORD ASTOR				
Address	10507 WEST PICO BLVD., SUITE 200				
City	LOS ANGELES	State	CA	Zip Code	90064
Country	US	Telephone	310-470-6852	Fax	310-470-3673

Name (Print/Type)	SANFORD ASTOR	Registration No. (Attorney/Agent)	20748
Signature		Date	12-20-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>WILLIAM MOULTON</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>50770</td></tr> </table>		Application Number		Filing Date		First Named Inventor	WILLIAM MOULTON	Examiner Name		Group / Art Unit		Attorney Docket No.	50770
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Examiner Name															
Group / Art Unit															
Attorney Docket No.	50770														
TOTAL AMOUNT OF PAYMENT		(\$) <b>770.00</b>													

<p><b>METHOD OF PAYMENT</b> (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <b>501455</b></p> <p>Deposit Account Name: <b>Sanford Astor</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	SANFORD ASTOR	Registration No. (Attorney/Agent)	20748
Signature		Telephone	310-470-6852
		Date	12/20/01

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